PTO/SB/05 (01-04)
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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| 7 | sportd to a collection of inform | ation unless it displays a valid OMB control number |
|---|----------------------------------|---|
| | Attorney Docket No. | MUS -06 |
| | First Inventor | MUSKIN |
| | Title | Multi Spin Slot Game |
| | Express Mail Label No. | |

| See MPEP | APPLICATION ELEMENTS Chapter 600 concerning utility patent application contents. | ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450 | | | | | |
|--|---|---|--|--|--|--|--|
| 2. Application of the control of the | Transmittal Form (e.g., PTO/SB/17) init an original and a duplicate for fee processing) cant claims small entity status. 37 CFR 1.27. ification [Total Pages] criptive title of the invention is Reference to Related Applications ement Regarding Fed sponsored R & D erence to sequence listing, a table, computer program listing appendix kground of the Invention f Summary of the Invention f Summary of the Drawings (if filed) siled Description m(s) tract of the Disclosure | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS | | | | | |
| 5. Oath or Dec a. Ne Ne Ne Ne (fo fo f | pewly executed (original or copy) Opy from a prior application (37 CFR 1.63(d)) Or continuation/divisional with Box 18 completed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Silication Data Sheet. See 37 CFR 1.76 | 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Other: Other requisite information below and in the first sentence of the | | | | | |
| specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: | | | | | | | |
| Prior application information: Examiner For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | | | |
| | 19. CORRESPON | DENCE ADDRESS | | | | | |
| | mer Number: | OR Correspondence address below | | | | | |
| Name | JOH MUSKIN | | | | | | |
| Address | 4450 5 Dark Aug 18012 | | | | | | |
| City | Chery Chase | State MD Zip Code 20815 | | | | | |
| Country | USA | elephone (301) 654-2-78) Fax (301) 654-278 | | | | | |
| Name (Print/Ty | (PE) JOH MUSKIH | Registration No. (Attorney/Agent) 43 824 | | | | | |
| Signature Date 2-4-04 | | | | | | | |
| This collection of | information to marriand by 27 OFD 4 CO/L) To it | | | | | | |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND T: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Signature

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

| Compl te if Known | | | | | |
|----------------------|----------|--|--|--|--|
| Application Number | | | | | |
| Filing Date | 2-4-04 | | | | |
| First Named Inventor | MUSKIH | | | | |
| Examiner Name | | | | | |
| Art Unit | | | | | |
| Attorney Docket No. | MUS - 06 | | | | |

Date

| METHOD OF PAYMENT (check all that apply) | FEE CALCULATION (continued) | | | | | |
|---|--|------------|--|--|--|--|
| Check Credit card Money Other None | 3. ADDITIONAL FEES | | | | | |
| Deposit Account: | Large Entity Small Entity | | | | | |
| Deposit Account | Fee Fee Code (\$) Fee Description | aid | | | | |
| Number Deposit | 1051 130 2051 65 Surcharge - late filing fee or oath | | | | | |
| Account Name | 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet | | | | | |
| The Director is authorized to: (check all that apply) | 1053 130 1053 130 Non-English specification | | | | | |
| Charge fee(s) indicated below Credit any overpayments | 1812 2,520 1812 2,520 For filing a request for ex parte reexamination | | | | | |
| Charge any additional fee(s) or any underpayment of fee(s) | 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action | _ | | | | |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action | | | | | |
| FEE CALCULATION | 1251 110 2251 55 Extension for reply within first month | | | | | |
| 1. BASIC FILING FEE | 1252 420 2252 210 Extension for reply within second month | | | | | |
| Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid | 1253 950 2253 475 Extension for reply within third month | | | | | |
| Code (\$) Code (\$) Fee Description Fee Paid | 1254 1,480 2254 740 Extension for reply within fourth month | | | | | |
| 1001 770 2001 385 Utility filing fee | 1255 2,010 2255 1,005 Extension for reply within fifth month | \Box | | | | |
| 1002 340 2002 170 Design filing fee | 1401 330 2401 165 Notice of Appeal | i | | | | |
| 1003 530 2003 265 Plant filing fee | 1402 330 2402 165 Filing a brief in support of an appeal | | | | | |
| 1004 770 2004 385 Reissue filing fee | 1403 290 2403 145 Request for oral hearing | | | | | |
| 1005 160 2005 80 Provisional filing fee | 1451 1,510 1451 1,510 Petition to institute a public use proceeding | | | | | |
| SUBTOTAL (1) (\$) 385 | 1452 110 2452 55 Petition to revive - unavoidable | ٦, | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1453 1,330 2453 665 Petition to revive - unintentional | — | | | | |
| Fee from Ext <u>ra Claims below</u> Fee Paid | 1501 1,330 2501 665 Utility issue fee (or reissue) | | | | | |
| Total Claims 16 -20** = 0 x 0 = 0 | 1002 400 2002 240 Design issue fee | — Н | | | | |
| Independent 3** = 4 x 43 = 172 | SEO Fight 1888 168 | | | | | |
| Multiple Dependent | To Control of the Con | — Н | | | | |
| Large Entity Small Entity | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) | [] | | | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) | 1806 180 1806 180 Submission of Information Disclosure Stmt | | | | | |
| 1202 18 2202 9 Claims in excess of 20 | 8021 40 8021 40 Recording each patent assignment per property (times number of properties) | - 11 | | | | |
| 1201 86 2201 43 Independent claims in excess of 3 | 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | 1810 770 2810 385 For each additional invention to be | - | | | | |
| 1204 86 2204 43 ** Reissue independent claims over original patent | examined (37 CFR 1.129(b)) | ⊣ı | | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | 1802 900 1802 900 Request for expedited examination | | | | | |
| | of a design application | | | | | |
| SUBTOTAL (2) (\$) 173 | Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (2) (5) | | | | | |
| **or number previously paid, if greater; For Reissues, see above | Reduced by Basic Filling Fee Paid SUBTOTAL (3) (\$) | | | | | |
| SUBMITTED BY (Complete (if applicable)) Name (Print/Type) Registration No. 112 0 211 | | | | | | |
| Name (Print/Type) JON MUSICI'N | Registration No. (Attorney/Agent) 43,824 Telephone (301) 654-278 | 1 | | | | |

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